| Effective December 8, 2004  |  |                           |   |   |            |  |   | Application or Docket Num 10/56596      |                        |            | Mumber 6 0              |                        |  |
|---|--|---------------------------|---|---|------------|--|---|---|------------------------|------------|-------------------------|------------------------|--|
| CLAIMS AS FILED - PART I  |  |                           |   |   |            |  |   | Chan I a                                |                        |            |                         |                        |  |
| L   | NATIONAL                                       | OTA OF PROP               | (Colu   | mn 1)   | (Column 2) |  | • | SMALL EI                                | YTITY                  | ) OF       |                         | R THAN<br>ENTITY       |  |
| U.S. NATIONAL STAGE FEES  |  |                           |   |   |            |  |   | RATE                                    | FEE                    | 7          | RATE                    | FEE                    |  |
| BASIC FEE   |  |                           | SMALL ENT. = \$ 150   |   | •          | RGE ENT. = \$ 300  |   | BASIC FEE                               |                        | OR         | BASIC FEE               | 1                      |  |
| EXAMINATION FEE   |  |                           | (4) = \$ 5  | Salislies PCT Article 33(1)-<br>(4) = \$ 50 / \$ 100' |            | other situations =<br>\$ 100 / \$ 200                        |   | EXAM. FEE                               | 1                      | - 1        |                         | 300                    |  |
| SEARCH FEE  |  |                           | All other situations (ie. No<br>Search Rpt.)<br>= \$ 250 / \$ 500 |   | ALL        | ISA = \$ 50 / \$ 100<br>other countries =<br>\$ 200 / \$ 400 |   | SEARCH FEE                              | +-                     | 1          | EXAM. FEE<br>SEARCH FEE | 400                    |  |
| FEE FOR EXTRA SPEC. PGS.  |  |                           | minus 100 =   |   |            | / 50 =   |   | X'\$ 125 =                              | 1-                     | 1          | X \$ 250 =              | 400                    |  |
| TOTAL CHARGEABLE CLAIMS   |  |                           | /4 minus 20 =   |   | *          |  | ł | X \$ 25 =                               | <del> </del>           | -          |                         | -                      |  |
| INDEPENDENT CLAIMS  |  |                           | minus 3 =   |   |            |  | - | X \$ 100 =                              | <del> </del>           | OR         | X\$50=                  |                        |  |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PRI            | <u></u>   |   |            |  | ŀ |   | <del> </del>           | OŖ         | X \$ 200 =              | ·                      |  |
| * If the difference in column 1 is less than zero, enter "0" in   |  |                           |   |   |            | olumn 2  | L | +\$ 180 =                               |                        | OR:        | · <b>+</b> \$ 360 =     |                        |  |
| 2007 Critics of the Condition 2   |  |                           |   |   |            |  |   | TOTAL                                   | L                      | OR         | TOTAL                   | 400                    |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST   |  |                           |   |   |            |  |   | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                        |            |                         |                        |  |
| AMENDMENT A   | T. 4.4   | REMAINING AFTER AMENDMENT | · · · · · ·   | PREVIO<br>PAID F                                      | ER<br>USLY | PRESENT<br>EXTRA   |   | RATE                                    | ADDI-<br>TIONAL<br>FEE |            | RATE                    | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | CH WA                     | Minus   | **  |            | <u> </u>   |   | X \$ 25 =                               |                        | OR         | X\$50=                  | 7                      |  |
|   | Independent                                    | 17/1/110                  | Minus   | ***   |            | =.   |   | X \$ 100 =                              |                        | OR         | X \$ 200 =              | -/-                    |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                           |   |   |            |  |   | +\$ 180 =                               |                        | OR         | + \$ 360 =              | -/-                    |  |
|   |  |                           |   |   |            |  | T | OTAL ADDIT.                             | <del>-</del>           | OR         | TOTAL ADDIT.            | /                      |  |
|   |  | (Column 1)                |   | <b></b>   |            |  |   | •                                       |                        |            | FFF <sub>.</sub> L      |                        |  |
|   |  | CLAIMS<br>REMAINING       | <del></del>   | (Colum<br>HIGHE                                       | ST         | (Column 3)   | Г |   | 4221                   |            |                         |                        |  |
| 爿   |  | AFTER<br>AMENDMENT        |   | PREVIOL<br>PAID F                                     | ISLY       | Preśent<br>Extra   |   | RATE                                    | ADDI-<br>TIONAL<br>FEE |            | RATE .                  | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | Sport of                  | Minus   | **  |            | <b>=</b>   |   | X \$ 25 =                               |                        | OR         | X \$ 50 =               | 7                      |  |
|   | Independent                                    | <u> </u>                  | Minus   | 444   |            |  | 7 | (\$ 100 =                               |                        | OR         | X \$ 200 =              | _/-                    |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA   |                           |   |   | AIM        |  |   | \$ 180 =                                |                        | OR         | +\$ 360 =               | <del>/-</del> -        |  |
|   | -  |                           |   |   |            |  | _ | TAL ADDIT.                              |                        | L          | OTAL ADDIT.             | <del>/</del>           |  |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the Highest number found in the appropriate box in column 1.  ORM PTO-875 (Rev. 02/2005) |  |                           |   |   |            |  |   |   |                        |            |                         |                        |  |
| ~. •  | COOLS (Key. 02)                                | ianoj                     |   |   |            |  |   | Petent and T                            | rademark Off           | œ - V,8, D | EPARTMENT OF C          | OMMERCE                |  |

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